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Meditsinskiy Rebotnik

No 19, 1949

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SUBACUTE SEPTIC _NDOGARDITIS

Academician N. Strazhesko Herc of Socialist Labor Kiev

As early as the 1926 Conference of Russian Therapeutists, I stated my eppesition to the views of Schottmiller rogarding the problem of the endocarditis lents. He claimed that any diseas, is the result of several factors and not one specific factor. He further stated that it was impossible to determine the specificity of the streptococcus virilans in endocarditis since post-mortens showed that there were various forms of streptococci present in the valves of the heart.

At that time I stated that chronic infections should be explained from the standpoint of gradually changing relationships between the microbe and the organism, and that this relationship was further complicated by the presence of endogenic and exogenic factors which are hard to distinguish. My contentions were based on data obtained in clinical uperiments conducted to determine the action of immunity and allergy, and the variations in the exchange of matter during the various stages of infection. It was possible to show that there was in fact a relationship between theumatic polyarthritis and chronic sepsis, but that it differed from the type of relationship described by Schotimiller and his proponents Ashof and others.

Another repert submitted about that time by Prof B.A. Chernogubov stated that the normal-temperature during this disease should be 37.5 degrees. Decent'M. L. Kacher, one of my co-workers, went on record to oppose Shernogulov's contentions.

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Years later, in December 1948, at a meeting of Moscow therapeutists held at MONOKI, Ye. M. Tareyev presented a report which appeared to be a conduction as well as conclusion to Chernogubov's teachings. Rather that go into Tareyev's report too doeply, I should like to mention briefly that it is important to know the history of any field of medicine well, before attempting a report. It is therefore necessary to read up on Buye, Botkin and others who wrote on rheumatism and chronic sepsis as well as to acquaint oneself with the erroneous descriptions of such worthy scientists as Ashof, Schottmuller, Chernorut, Klinge, Abrikasov, Davidovskiy and others.

According to Tareyev, the participants at the 1948 meeting came to the conclusion that "there is no relationship between rheumatic and subscute septic endocarditis, and that the latter is a new process caused primarily by the action of streptococcus viridans." This appears to be in direct agreement with Enernogabov's ideas as he claimed that septic endocarditis is a complication of some general infection caused by the microbes known to be of the same etiology as sepsis lents. It is legical to consider, therefore, that although rheumatism can be afrested in its initial stage, at attack of aeptic endocarditis following this rheumatic condition will effect the valves of the heart which have already been weakened by rheumatism.

However it must be borne in mind that infection of the valves is not always the result of the action of microbes. The action of microbes is effective only in the presence of toxins. This fact has been proved by experiments with toxic substances, for example, allylformate.

Leter on Lang and Eschker, after prolonged laboratory studies, reported that "In spite of the data obtained, we are in no position to disprove the contention that rheumatic endocarditis and the onset of septic endocarditis are variations of the reactions of one and the same macroorganism."

Therefore, it is easy to see Kachker's position when he claims that "there is only one form of endocarditis, which without any relationship to the character of the pathologice-anatomic changes in the valutlar-endocarditm, without any relationship to the presence or absence of a sewree of infection in the blood or on the valutlar endocardium, and without any relationship to the etiologic characteristics of this disease, movertheless has various clinical pictures of the course of this disease. This difference between the clinical and the pathologice-anatomic picture on the based on the nonstandard relation in each individual case between the micro- and macroorganisms." It is much harder to understand Chernogubov's contentions that "rheumotic and septic endocarditis are variations of the reactions of one and the same macroorganism."

Tareyev's article concludes by stating that on the strength of the high level of reports submitted by Soviet therapeutists, it is possible to state that Edviet science is foremost in dealing with problems of subscute septic endocarditis.

But how about the other scientists, who are carrying on the fight against Chernogubov's influence: which seems to follow the theory of foreign scientists? Tareyev apparently presented only one code of the picture, and for this reason his contention that this disease should be called "Chernogubov's disease" cannot be accepted.

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